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C. R. Bard, Inc. Bard Peripheral Vascular, Inc. 1415 W. 3rd Street P.O. Box 1740 Tempe, AZ 85280-1740					Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.  (Depositor's name)				
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APPLICATION NO.	FILING DATE		FIRST NAMED INVENT	OR		ATTO	RNEY DOCKET NO.	CONFIRMATION NO.	
10/549,820 09/20/2005			Norbert Heske		289-PDD-03-09 US			3682	
APPLN. TYPE	SMALL ENTITY	A PROVIDED WITH A S	PUBLICATION FEE DU	IE T	PREV. PAID ISSUE	FEE	TOTAL FEE(S) DUE	DATE DUE	
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a. Applicant claim	<b>tus</b> (from status indicate is SMALL ENTITY stati	us. See 37 CFR 1.27.	☐ b. Applicant is no l	longe	er claiming SMAL	L ENT	TTY status. See 37 CF	R 1.27(g)(2).	
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